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# A UNIQUE MUNICIPAL CRUSADE.

BY FRANCES WESTON CARRUTH.

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How a contagious eye-disease may for years escape the authorities, and, brought in by immigrants, unsuspected and undetected, become a menace to the sight of a nation, is being illustrated in the United States, where, unrealized by the public at large, trachoma, insidious and loathsome, is rampant among the poor of the seaboard cities.

A condition of the eyelids peculiar to the people of the Orient, the Russian and Polish Jews, and the Italians, who, in such vast numbers have recently poured into the United States, the cause of trachoma is filth; its danger lies in infection by contact. It is trachoma which has made Egypt and India nations of sore-eyed people. Travellers in the Orient are familiar with the repulsive condition of the visual organs of the majority of the natives, who, through ignorance and a lack of cleanliness, breed the disease which, when it does not actually cause blindness, weakens the sight and incapacitates its victims for life. Among the Orientals, it is not uncommon to see the eyes of sleeping children a mass of dirt and flies, ignored, if observed, by the careless mother. Indifference to these conditions may be the attitude of the traveller of whatever nationality in foreign lands, but the subject becomes one of vital importance when it is realized that, migrating to any country of the world, one of these eye-diseased persons, be he from eastern or northern lands, may infect and imperil the sight of an entire community.

It is a matter of history that Napoleon's army in the Egyptian campaign became widely afflicted with the malady, and it is believed that through these returning soldiers the evil was spread on the Continent of Europe.

In the United States, the aliens among whom trachoma is

prevalent are massed in the great tenement localities of the large cities, where the congested conditions of living offer fertile soil for the propagation of the disease. There they spread the infection through their families, the tenements, the factories, the schools, the playgrounds and the streets—wheresoever they come in contact with humanity. A few years ago, instructions were issued by the Government forbidding the landing in the United States of immigrants afflicted with the disorder; and it was thought that effectual precautions had thus been taken to extirpate a disease the general prevalence of which was not then suspected. But, important as was this edict of the Government, as great a danger lay within as threatened from without. The malady had been many years flowing into the country, steadily increasing, numbering its victims by the thousands, developing with astonishing rapidity among children, working evil to them unobserved, largely because, in its incipiency, it makes no outward sign.

Owing to these conditions, there has arisen a situation the gravity of which presents a new problem, not alone to the seaboard cities of the United States, but to the large urban communities from one end of the country to another. This is, How shall trachoma be stamped out of the nation? It becomes the duty not only of the Government but of municipalities to solve this vital question.

Greater New York, containing, unquestionably, the preponderance of aliens afflicted with the disease, is making, along original lines, a noteworthy experiment which furnishes interesting material for study and emulation. The municipality strikes at the root of the evil by attacking it in the public schools, where promiscuous association exposes all classes and races to the danger of the disease. To protect the eyesight of these public-school children, New York is engaged in one of the most picturesque fights in the history of civic sanitary effort, and one that is unique; for New York is the only city in the world which has ever undertaken an organized fight against trachoma, more than 17,000 cases of which were found, upon investigation, in last years' inspection of the schools.

Trachoma, which is caused by personal untidiness, spreads by contact, and it is extremely difficult for any but oculists to recognize the disease. In these facts lay the danger that awoke the

New York Board of Health to a sense of the gravity of the situation, in which the 500,709 school children of Greater New York were exposed to a malady that, in its advanced form, produces blindness. And so there was begun in September, 1902, a war of extermination, for the conduct of which, the Board of Health having already demonstrated the need for action, the city in January, 1903, made an appropriation of \$20,000. An experimental campaign—for there were no precedents to follow—it has resulted, in a year, in the control of the disease, and in the cure of thousands of cases without interference with the education of the children. Nor is this all. Not one of the least important triumphs is its educational influence; it has brought practical sanitary knowledge to many a tenement home in which ignorant parents, learning to care for their children's eyes, have become alive to the need of hygienic conditions generally, and the value of soap and water frequently applied.

A year and a half ago, the authorities had no suspicion that the eyes of the pupils in the public schools were exposed to and affected by a contagious disease. But, in the clinics throughout the city, oculists were treating such a vast number of trachoma patients of all ages that Dr. Richard Derby, the eminent oculist and Consulting Ophthalmologist to the Board of Health, concluded that there must be many cases of the disease among the school children; and at his suggestion, made in June, 1902, just as the schools were closing for the summer vacation, Dr. Ernst J. Lederle, Commissioner of Health, ordered sixteen oculists to make a general examination of eyes in the schools. This was done, with the result, astonishing to the authorities, that 6,000 cases of trachoma were found in twenty-six schools, the preponderance of it among Yiddish and Italian boys, who had spread the contagion among their class-mates of both sexes and all nationalities, the negro children only being exempt. Why the ebony-skinned school children, and their parents as well, alone should prove immune is a fact which science is puzzling over.

Investigation having brought these facts to light, Commissioner Lederle at once caused trachoma to be put on the sanitary-code list of infectious communicable diseases, thereby giving the city authority to control persons affected by it. This important step having been taken, the Health Department proceeded to plan, during the summer, a vigorous campaign, which was begun as

soon as the schools opened in September, Dr. William H. Maxwell, Superintendent of Schools, co-operating heartily with the Health Commissioner. Medical inspectors, nurses in the schools, teachers, oculists, parents, and the "little mothers" of the tenements were suddenly banded together in a common cause—to discover and cure diseased eyes and shield healthy ones from contagion. Few cases were reported among the babies, trachoma being found to develop usually when the child is between seven and eight years of age. A disease of the inner surface of the eyelids, commonly called "granular lids," in its mild form it is neither irritating nor apparent beyond a slight discharge, recognizable by the professional eye, but unheeded by the majority. In its virulent form, lids are heavy and swollen, the discharge repulsive—an alarming stage, when, if neglected, the lids and lashes turn inward, inflaming the cornea and causing blindness.

More children were found to be affected than the already overworked eye-clinics of the city could begin to attend to. To get and keep them under treatment (there is no danger of contagion from cases under treatment, so that exclusion from school is unnecessary, except for a short time in cases which have to be operated upon), the Board of Health, with the co-operation of Dr. John W. Brannon of Bellevue and Allied Hospitals, secured the old Gouverneur Hospital then just about to be torn down, and, on December 6th, opened in the heart of the Yiddish quarter, where it was most needed, a trachoma hospital under the supervision of Dr. Herbert W. Wootton, exclusively for the treatment of school children. Of the 17,000 cases found in the schools last year, 14,000 were treated at Gouverneur, which discharged 3,500 of that number cured.

A most encouraging feature of the Gouverneur work is that there was no cessation of it during the summer months. All through the vacation, children who had been patients continued to come for treatment, and many of them brought their companions suffering from "sore eyes." Parents and "little mothers," beginning to realize the nature of trachoma and the dire consequences of its neglect, became self-imposed inspectors, and greatly aided the work by their vigilant watch over the children to see that they attended the dispensary. Between two and three hundred children a day were treated during the summer months, while the operations averaged six a day. This active

summer crusade did much toward getting the lower East Side of the city under control. In that section, the Board of Health believes it now has under treatment every school child afflicted with the disease.

On the upper East Side, in "Little Italy" and the surrounding districts, where trachoma is particularly prevalent, the Health Department, to fight the disease on its own ground, has this autumn opened a hospital, where the methods so satisfactorily applied at Gouverneur will be pursued. To carry the Health Department's trachoma hospital work through its second year, an appropriation of \$21,492 has been made by the city.

In the New York fight against trachoma, the oculists in the eye clinics and the medical inspectors in the schools work together from opposite ends of the line. The inspector sounds the first note of alarm. He it is who discovers the disease and starts the child to the oculist. It is the oculist's business to get the patient back to his studies as quickly as possible. In the up-town schools, where the children are of the better class, the cases of trachoma are mild—rarely is one found there so severe as to require operation. Many of these children go to a private oculist for treatment. The private oculist sometimes differs from the inspector in the diagnosis of the case, and tells the parent that the child is not suffering from a contagious disease. This causes complications; for the parent often brings the child back to school with the oculist's report, and insists that he be allowed to re-enter his class without undergoing treatment. The inspector is as firm that he shall not. To settle such disputed cases, it is now required that the children shall be re-examined at the Department of Health, where Dr. Wootton is in attendance for this purpose daily at the noon hour. His decision is final, and the parent must abide by it if the child is to re-enter school.

Under the present system of inspection, which went into operation in September, 1902, it is impossible for any school child to elude the vigilant eye of the visiting doctor. Heretofore, the teachers were the diagnosticians, the inspector merely examining those children whom the teacher thought to have symptoms of illness. The inability of any but the professional eye to detect trachoma necessitated personal inspection of each pupil by the doctor. To make sure that they should be expert, all the inspectors were specially instructed in the diagnosis of trachoma

previous to the opening of the schools. One hundred and sixty of these inspectors, eight of whom are women, zealous in the cause of stamping out the disease, are on the alert for suspicious symptoms. The method is most thorough and systematic. When, weekly, the doctor visits the class-room, the children are lined up by the teacher and pass before him in single file. Inspection includes the eyes, throat, skin and head. To facilitate the work, each child, as he reaches the doctor, is instructed to prepare for examination by opening his mouth, putting out his tongue, and drawing down his lower eyelids. Any indication of disease causes the pupil to be held for closer examination. If the trouble is in the eyes the doctor quickly determines if the condition be trachoma, in which case the teacher is asked to take down the child's name with a number beside it, the number being taken from a code-card evolved to prevent naming the disease and thus exciting both the child and the class. The pupil then passes on to his seat, and the next in line takes his turn. When general inspection is over, those children whose names have been taken by the teacher are called to the desk, one at a time, and receive instructions from the doctor. In the eye cases, not to alarm them by so unfamiliar a word as "trachoma," they are told simply that they have inflamed lids, and that they must see an oculist. A card, bearing their name and address, is given to them, which they must bring back to school signed by a doctor certifying that they are under treatment. To the child is also given a sealed envelope containing a card for the parent, on which is written the exact nature of the disease, the fact that it is contagious, and the further notice that the child should receive prompt treatment at any city dispensary, or by any physician, and afterward be sent back to school for re-examination by the inspector. If then found free from contagion he may resume attendance.

The child is given two days in which to get under treatment. Children out of school for treatment do not re-enter the class until re-examined by the inspector in his office in the school. If the pupil has his certified card, he is sent off to his class. If he does not have it, he is excluded from school until he brings it. Children under treatment for trachoma are required to have the date of each treatment stamped on the back of their card by the oculist attending them. When the case is one requiring operation, that fact is stamped on the card; so, too, at the proper time, is the

magic word "cured." In this way, the inspector, who has his list of children to be operated upon, and of children under treatment whose cards he examines every day, keeps track of the cases; and so well has this system worked that he can immediately detect and exclude a child who does not obey orders. In the year's work in the schools, the number of listed cases has been decreased from 17,000 to 9,000. No small part of the success of the trachoma fight is due to the card-system evolved by Dr. John J. Cronin, by which he, as Assistant Chief Inspector of the Department of Health, his medical inspectors, the teachers in the schools, and the doctors at the Board of Health clinics, know from day to day the condition of the eyes of every one of the 535,102 pupils registered this year in the schools of Greater New York.

At first, parents did not take kindly to the official announcement that their children were affected by a contagious eye-disease. Few ever had heard of trachoma. It came as a revelation, and the attitude of most was skeptical. Among the better classes, however, explanations were sufficient. Intelligent mothers at once grasped the situation, and were as eager as inspectors and teachers that the children should have the treatment necessary to cure their eyes and meantime continue attendance at school. In some cases, in the more prosperous districts, children seize joyously upon the exclusion card as a pretext for remaining away from school as long as possible; but such cases are investigated by the teacher interested in keeping her class attendance up to a high mark, and the truant, albeit reluctantly, returns.

In the congested districts, the nurses, twenty-six of whom were established by the Board of Health last year in the schools where they were most needed, become active participants in the trachoma crusade, when, visiting the homes after school hours to hunt up excluded cases which have not returned—a list of which the teacher gives the nurse every day—they turn missionaries, and endeavor to enlighten the parents as to what trachoma means.

The tenement mind and the tenement mother are a combination against which it is difficult to prevail. To the ignorant, trachoma was only a new-fangled word for "sore eyes," and sore eyes in their most repulsive form were too common among them to excite interest. When the pupil was excluded from school because of the disease an impression was made, but the process operated to the detriment of the child. Many tenement parents, instead of



getting their offspring under treatment, put them to work, availing themselves of this opportunity to evade the law. One boy, seven years of age, suffering from a virulent case which required immediate operation, was excluded, and failed to make his reappearance at the required time. He was not in his home when the nurse endeavored to find him, and persistent search traced him to a sweat-shop conducted by his father, who had put him to stitching shirts. The father refused to give up the boy. A truant officer was notified. He, unable to prevail, reported the case to headquarters, with the result that the father was summoned to court, and fined ten dollars for breaking the compulsory education law, and the boy was sent to the hospital. The case served as a valuable object lesson for the neighborhood. A ten-dollar fine is the sort of argument that penetrates the tenement mind.

On the children themselves exclusion operates in different ways. Many of the boys and girls aid and abet their parents in their trick of keeping them out to work. These children vastly prefer work to school. Others look at it from a different standpoint. They want to go to school, not because they like to study, but because they thoroughly understand that they have to get a certain amount of education before the law permits them to work. School to them is a means to an end. They rebel against exclusion as an unnecessary loss of time, and when ordered to get under treatment for trachoma they do so without the necessity of official exhortation.

Among the more densely ignorant of the foreign population, the nurses rely on the "little mothers" of the tenements to receive and carry out their instructions. They it is who take the care and feel the responsibility of the younger children, while their knowledge of English, which they gain with astonishing rapidity in the schools, and their quick intelligence, make them capable of understanding and undertaking much that their stolid parents, if perceiving, ignore. Owing to the untidy habits of these people, trachoma spreads rapidly in their homes. In her missionary spirit, the nurse points out the importance of cleanliness, the necessity of frequent bathing of the eyes, gives them a practical demonstration in the home treatment prescribed at the hospital, shows mothers how by carelessness and neglect they pass the disease from one to another. It is a liberal education in hygiene. When the nurse finds the mother with trachoma—and

frequently the mother has the worst case of it in the family,—the nurse persuades her to go to a clinic for treatment, not only to save herself from blindness but to spare the uninfected children. Enlightened in regard to these things, the mothers, particularly the “little mothers,” show a disposition to do them. The year’s work of the nurses in the tenements has been a wonderful aid. Results are beginning to show satisfactorily in the pleasant relations established, for, by tact, kindness and perseverance, the nurses have won the confidence of the people, most of whom now comprehend the meaning of what the city is trying to do for the eyes of its poor, and show a willingness at least not to retard the work.

As characteristic of the two nationalities, it is interesting to note that many of the Italians are averse to taking their children to a public dispensary, and, poor as they are, prefer to pay a doctor of their own race for treatment; while the Yiddish, keen on the scent of something for nothing, patronize the Gouverneur Hospital with one accord.

Zealous in his war of extermination, the Health Commissioner, as his next step, has, this autumn, inaugurated a system of eye inspection throughout the factories and stores of Greater New York, in order to reach the children who are at work and their parents as well. When found to have trachoma, persons of all ages are required to get under treatment; and, if it becomes necessary, arrangements for treating them at night, after working hours, will be made.

Thus is a progressive municipality conducting within its borders a winning fight, to stamp out a disease the prevalence of which throughout the country will be more generally realized as cities awake to the necessity of arresting the scourge, and determine, as Greater New York has done, that in justice to the eyes of their citizens the healthy should be protected and the diseased cured.

FRANCES WESTON CARRUTH.